



Monthly Medicare Supplement Rates for 12/30/2011 Standardized Plans in Connecticut

CHOICES Hotline
800-994-9422

Company Individual Plans	Telephone Number	Pre-ex Cond. (1)	Disabled	A (2)	B (2)	C (2)	D	F	F (3) High Deductible	G	K	L	M	N	Date (4) Approved
American Progressive Life & Health Ins. Co	1-800-645-4116	6 mos.	A,B,C,	\$284.13	\$367.80	\$443.05	\$402.37	\$420.72	\$75.58	\$369.35				\$154.19	11/30/2010
Anthem Blue Cross & Blue Shield	1-800-238-1143	6 mos.	A	\$190.65				\$233.73	\$35.06	\$221.94				\$160.65	10/21/2011
Colonial Penn Life Insurance Company	1-800-800-2254	N/A	A,B	\$526.93	\$609.65			\$404.28	\$60.68	\$388.43	\$129.57	\$234.63	\$347.74	\$249.09	08/10/2011
Equitable Life & Casualty Insurance Co	1-800-352-5170	N/A	A	\$171.17				\$253.08						\$182.25	06/17/2011
Globe Life & Accident Insurance Co	1-800-801-6831	2 mos.	A,B,C	\$134.00	\$181.00	\$209.00		\$210.50							02/18/2011
Gov't Personnel Mutual Life Insurance Co	1-866-242-7573	N/A	A, C	\$238.30		\$320.72		\$246.39		\$203.01				\$180.18	07/25/2011
Humana Insurance Company	1-800-872-7294	3 mos.	A	\$218.96				\$247.63	\$88.48	\$236.54	\$121.04	\$174.97			10/19/2011
Pennsylvania Life Insurance Company	1-877-366-5433	6 mos.	A	\$246.00			\$265.00	\$308.00		\$255.00					09/22/2011
State Farm Mutual Automobile Insurance Co	1-866-855-1212	N/A	A,C,	\$326.23		\$452.63		\$350.97							01/10/2011
United American Insurance Company	1-800-331-2512	3 mos.	A,B,C	\$183.00	\$278.00	\$323.00	\$319.00	\$317.00	\$64.00	\$312.00	\$131.00	\$183.00		\$189.00	11/10/2011
United of Omaha Life Insurance Co	1-800-354-3289	N/A	A,C,	\$357.89		\$211.39	\$197.60	\$255.65		\$237.24					03/11/2011
USAA Life Insurance Company	1-800-531-8000	N/A	A	\$264.01				\$255.68							01/21/2011
Group Plans (5)															
United HealthCare Insurance Company/AARP	1-800-523-5800	3 mos.	A,B,C	\$122.75	\$178.75	\$235.25		\$214.50			\$78.75	\$112.25		\$152.75	09/16/2011

- (1) Applicability of waiting period for pre-existing conditions is limited by laws. Contact the individual company for further clarification.
- (2) Plans for Disabled - All companies must offer Plans A. If a company also offers Plan(s) **B** and/or **C**, then it must also offer the plan(s) to disabled Medicare beneficiaries.
- (3) High Deductible Plan - This plan provides the same benefits as Plan F after one has paid a calendar year deductible of **\$2,070 for 2012**. Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare **A** and **B** expenses that would ordinarily be paid by the plan. These expenses include the Medicare **A** and **B** deductibles, but not the foreign travel emergency deductibles.
- (4) The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company for the effective date.
- (5) These are group plans that are available to individuals enrolled in Medicare. Payment of a group membership fee is required.

Benefit Chart of Medicare Supplement Plans

A	B	C	D	F / F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for emergency room
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$4620; paid at 100% after limit reached	Out-of-pocket limit \$2310; paid at 100% after limit reached		

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three (3) pints of blood each year

Hospice: Part A coinsurance

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year (\$2070) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.